2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Jan 09, 2007 08:00 AN Secretary of State

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1. Entity Name

NAME STREET ADDRESS CITY-ST-ZIP

KENILWORTH 1503, LLC

Principal Place of Business 10205 COLLINS AVE

#1503 BAL HARBOUR, FL 33154 Mailing Address

7000 W. PALMETTO PARK ROAD SUITE 310

BOCA RATON, FL 33433



01042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number Applied For 02-0606327 Not Applicable \$5.00 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

MORRIS, STUART R ESQ. 7000 W. PALMETTO PARK RD., #310

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BOCA RA	TON, FL 33433	IN THIS SPACE						
	named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept						
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE, Registered Agent signature required when reinstating) DATE						
Fi	iling Fee is \$50.00 ue by May 1, 2007	U00000579953 01/10/07-80027-023 50.00						
9.	MANAGING MEMBERS/MANAGERS							
TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGR STERN, ROBERT 537 NE 1ST STREET, SUITE 5 GAINESVILLE, FL 32601							
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
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TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE								

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: AT Aften Monta Merrica INTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE